

State:	District of Columbia	Filing Company:	Delta Dental Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health Dental		
Product Name:	DC, bHCR17, DDIC, PPO, Grp, Rates		
Project Name/Number:	/		

Filing at a Glance

Company:	Delta Dental Insurance Company
Product Name:	DC, bHCR17, DDIC, PPO, Grp, Rates
State:	District of Columbia
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health Dental
Filing Type:	Rate
Date Submitted:	04/29/2016
SERFF Tr Num:	DDPA-130483414
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	DC, BHCR17, DDIC, PPO, GRP, RATES
Implementation	01/01/2017
Date Requested:	
Author(s):	Connie Roth, Debra LeRiche, Alisa Koelling, Brandy Christian
Reviewer(s):	Darniece Shirley (primary), John Morgan, Damon Siler
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

State: District of Columbia **Filing Company:** Delta Dental Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: DC, bHCR17, DDIC, PPO, Grp, Rates
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: These rates will not be used in in our domiciliary state of Delaware; therefore, they have not been submitted to the Delaware Department of Insurance.
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer, Other Explanation for Other Group Market Type: Schools
Overall Rate Impact: Filing Status Changed: 05/05/2016
State Status Changed:
Deemer Date: Created By: Debra LeRiche
Submitted By: Debra LeRiche Corresponding Filing Tracking Number: DDPA-130483354

Filing Description:

Enclosed for your review and approval are new group dental rates pertaining to forms GC-DC-ENT-17 et al. (inside the Exchange) and OGC-DC-ENT-17 et al. (outside the Exchange). Forms were submitted under SERFF Tracking No. DDPA-130483354.

These rates will be used when our Delta Dental PPO product is sold direct or by a partnership relationship to small groups inside and outside the District of Columbia Exchange. Both the inside Exchange and outside Exchange products will use the Delta Dental PPO network and will be marketed by licensed agents, brokers, third party administrators, mass marketed via various publications or online. Inside Exchange will also be marketed by the DC Exchange. These rates substantially similar to the group dental HCR rates approved by your Department on 5/14/2015 under SERFF Tracking No. DDPA-129959721.

The group pediatric (EHB) plans will provide coverage for the pediatric oral services required by the essential health benefits provisions of the Affordable Care Act (ACA).

The group family plans will provide the required EHB coverage for individuals to age 19 and other dental coverage for anyone over the age of 19.

Our effective date for use of these rates will be January 1, 2017 for coverage effective January 1, 2017 and after, provided the filing has been approved by or deemed approved by your Department.

These rates will not be used in in our domiciliary state of Delaware; therefore, they have not been submitted to the Delaware Department of Insurance.

Thank you for your attention to this filing. If you have any questions or need additional information, please feel free to contact me at 916-851-5536 or dleriche@delta.org.

Sincerely,
Debra LeRiche
Regulatory Analyst

Company and Contact

Filing Contact Information

State: District of Columbia Filing Company: Delta Dental Insurance Company
 TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
 Product Name: DC, bHCR17, DDIC, PPO, Grp, Rates
 Project Name/Number: /

Debra LeRiche, Regulatory Analyst dleriche@delta.org
 M/S A2S 916-851-5536 [Phone]
 11155 International Drive 916-858-4808 [FAX]
 Rancho Cordova, CA 95670

Filing Company Information

Delta Dental Insurance Company	CoCode: 81396	State of Domicile: Delaware
1130 Sanctuary Parkway	Group Code: 2479	Company Type: LAH
Suite 600	Group Name:	State ID Number:
Alpharetta, GA 30009	FEIN Number: 94-2761537	
(770) 641-5217 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State:	District of Columbia	Filing Company:	Delta Dental Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health Dental		
Product Name:	DC, bHCR17, DDIC, PPO, Grp, Rates		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Review and Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	01/01/2016
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Delta Dental Insurance Company	2.800%	2.800%	\$1,010	0	\$35,780	7.200%	0.000%

State: District of Columbia Filing Company: Delta Dental Insurance Company
 TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
 Product Name: DC, bHCR17, DDIC, PPO, Grp, Rates
 Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial Memo Delta DC Family PPO Small Group	GC-DC-ENT-17, XGE-DC-ENT-17	New		Actuarial Memorandum Delta DC Family PPO Small Group 2016 04 29.pdf,
2		Actuarial Memo Delta DC Out Pediatric PPO Small Group	OGC-DC-ENT-17, OPGE-DC-ENT-17	New		Actuarial Memorandum Delta DC Out Pediatric PPO Small Group 2016 04 29.pdf,



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
April 29, 2016

Form Number: GC-DC-ENT-17 and XGE-DC-ENT-17

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The family dental plans are defined in Attachment A and cover standardly covered services.

3. Renewability

All small group dental programs are guaranteed renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are statewide.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate for 2017 is 0%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Contingency and Risk Margins

Risk margin is shown in Attachment B.

20. Experience

Please see Attachment C for DDIC small group experience.

21. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

22. Number of Policyholders

There are no policy holders enrolled in District of Columbia Small Group Family plans as of 12/31/2015.

23. Proposed Effective Date

01/01/2017.

24. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are:

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Date: 4/29/2016

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia - Small Group Market - Family Plans
Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	NAB*
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	Yes	No	Yes	No
Per Person	\$85	\$90	\$50	\$50
Family	N/A	N/A	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Waiting Period (Major)	None	None	12 mos	NAB*
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
Rates:				
Statewide	\$30.26	\$23.82	\$46.60	\$21.94

*NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
District of Columbia - Small Group Market - Family Plans
Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Admin Expense	24.00%	24.00%	24.00%	24.00%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Commission	7.50%	7.50%	7.50%	7.50%
Total	35.00%	32.50%	35.00%	35.00%
Anticipated Loss Ratio **	65.00%	67.50%	65.00%	65.00%
Target Loss Ratio ***	65.00%	67.50%	65.00%	65.00%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
April 29, 2016

Form Number: OGC-DC-ENT-17 and OPGE-DC-ENT-17

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

3. Renewability

All small group dental programs are guaranteed renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are statewide.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate for 2017 is 0%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Contingency and Risk Margins

Risk margin is shown in Attachment B.

20. Experience

Please see Attachment C for DDIC small group experience.

21. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

22. Number of Policyholders

There are no policy holders enrolled in District of Columbia Small Group Pediatric plans as of 12/31/2015.

23. Proposed Effective Date

01/01/2017.

24. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are:

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Date: 4/29/2016

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia - Small Group Market - Pediatric Plans
Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	Yes	No
Per Person	\$85	\$90
Family	N/A	N/A
Out of Pocket Maximum (PPO dentists only) per child	\$350	\$350
per 2+ children	\$700	\$700
Rates: Statewide	\$30.26	\$23.82

*NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
District of Columbia - Small Group Market - Pediatric Plans
Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic
Admin Expense	24.00%	24.00%
Risk Margin	3.50%	1.00%
Commission	7.50%	7.50%
Total	35.00%	32.50%
Anticipated Loss Ratio **	65.00%	67.50%
Target Loss Ratio ***	65.00%	67.50%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%

State: District of Columbia Filing Company: Delta Dental Insurance Company
 TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
 Product Name: DC, bHCR17, DDIC, PPO, Grp, Rates
 Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see the attached Cover Letter.
Attachment(s):	DC Cover Letter DDIC HCR Group Rates.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Delta Dental Insurance Company (the insurer) is submitting this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Please see the attached Actuarial Certifications.
Attachment(s):	Actuarial Memorandum Delta DC Family PPO Small Group 2016 04 29.pdf Actuarial Memorandum Delta DC Out Pediatric PPO Small Group 2016 04 29.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Please see the attached Actuarial Certifications.
Attachment(s):	Actuarial Memorandum Delta DC Family PPO Small Group 2016 04 29.pdf Actuarial Memorandum Delta DC Out Pediatric PPO Small Group 2016 04 29.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	

State:	District of Columbia	Filing Company:	Delta Dental Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health Dental		
Product Name:	DC, bHCR17, DDIC, PPO, Grp, Rates		
Project Name/Number:	/		

Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	This is not a binder filing.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	This is not a binder filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Previously Approved Rates
Comments:	<p>Attached are the previously approved rates:</p> <ul style="list-style-type: none"> * Inside exchange rates approved 8/12/14 under SERFF Tracking No. DDPA-129528166. * Outside exchange rates approved 8/12/14 under SERFF Tracking No. DDPA-129569659. * Inside and Outside exchange rates approved 5/14/15 under SERFF Tracking No. DDPA-129959721.
Attachment(s):	<p>Actuarial Cert DC DDIC PPO Family Group Approved 8-12-14.pdf</p> <p>Actuarial Cert DC DDIC PPO Out Pediatric Group Approved 8-12-14.pdf</p> <p>Actuarial Cert DC DDIC PPO Family Group Approved 5-14-15.pdf</p> <p>Actuarial Cert DC DDIC PPO Out Family Group Approved 5-14-15.pdf</p> <p>Actuarial Cert DC DDIC PPO Out Pediatric Group Approved 5-14-15.pdf</p>
Item Status:	
Status Date:	

March 11, 2016

Dear Sir or Madam,

Enclosed for your review and approval are new group dental rates pertaining to forms GC-DC-ENT-17 et al. (inside the Exchange) and OGC-DC-ENT-17 et al. (outside the Exchange). Forms were submitted under SERFF Tracking No. DDPA-130483354.

These rates will be used when our Delta Dental PPO product is sold direct or by a partnership relationship to small groups inside and outside the District of Columbia Exchange. Both the inside Exchange and outside Exchange products will use the Delta Dental PPO network and will be marketed by licensed agents, brokers, third party administrators, mass marketed via various publications or online. Inside Exchange will also be marketed by the DC Exchange. These rates substantially similar to the group dental HCR rates approved by your Department on 5/14/2015 under SERFF Tracking No. DDPA-129959721.

The group pediatric (EHB) plans will provide coverage for the pediatric oral services required by the essential health benefits provisions of the Affordable Care Act (ACA).

The group family plans will provide the required EHB coverage for individuals to age 19 and other dental coverage for anyone over the age of 19.

Our effective date for use of these rates will be January 1, 2017 for coverage effective January 1, 2017 and after, provided the filing has been approved by or deemed approved by your Department.

These rates will not be used in in our domiciliary state of Delaware; therefore, they have not been submitted to the Delaware Department of Insurance.

If you have any questions or need additional information, please feel free to contact me at 916-851-5536 or dleriche@delta.org.

Sincerely,



Debra LeRiche
Regulatory Analyst



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
April 29, 2016

Form Number: GC-DC-ENT-17 and XGE-DC-ENT-17

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The family dental plans are defined in Attachment A and cover standardly covered services.

3. Renewability

All small group dental programs are guaranteed renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are statewide.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate for 2017 is 0%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Contingency and Risk Margins

Risk margin is shown in Attachment B.

20. Experience

Please see Attachment C for DDIC small group experience.

21. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

22. Number of Policyholders

There are no policy holders enrolled in District of Columbia Small Group Family plans as of 12/31/2015.

23. Proposed Effective Date

01/01/2017.

24. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are:

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Date: 4/29/2016

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia - Small Group Market - Family Plans
Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	NAB*
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	Yes	No	Yes	No
Per Person	\$85	\$90	\$50	\$50
Family	N/A	N/A	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Waiting Period (Major)	None	None	12 mos	NAB*
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
Rates:				
Statewide	\$30.26	\$23.82	\$46.60	\$21.94

*NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
District of Columbia - Small Group Market - Family Plans
Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Admin Expense	24.00%	24.00%	24.00%	24.00%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Commission	7.50%	7.50%	7.50%	7.50%
Total	35.00%	32.50%	35.00%	35.00%
Anticipated Loss Ratio **	65.00%	67.50%	65.00%	65.00%
Target Loss Ratio ***	65.00%	67.50%	65.00%	65.00%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
April 29, 2016

Form Number: OGC-DC-ENT-17 and OPGE-DC-ENT-17

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

3. Renewability

All small group dental programs are guaranteed renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are statewide.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate for 2017 is 0%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Contingency and Risk Margins

Risk margin is shown in Attachment B.

20. Experience

Please see Attachment C for DDIC small group experience.

21. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

22. Number of Policyholders

There are no policy holders enrolled in District of Columbia Small Group Pediatric plans as of 12/31/2015.

23. Proposed Effective Date

01/01/2017.

24. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are:

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Date: 4/29/2016

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia - Small Group Market - Pediatric Plans
Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	Yes	No
Per Person	\$85	\$90
Family	N/A	N/A
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
Rates:		
Statewide	\$30.26	\$23.82

*NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
District of Columbia - Small Group Market - Pediatric Plans
Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic
Admin Expense	24.00%	24.00%
Risk Margin	3.50%	1.00%
Commission	7.50%	7.50%
Total	35.00%	32.50%
Anticipated Loss Ratio **	65.00%	67.50%
Target Loss Ratio ***	65.00%	67.50%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
April 29, 2016

Form Number: GC-DC-ENT-17 and XGE-DC-ENT-17

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The family dental plans are defined in Attachment A and cover standardly covered services.

3. Renewability

All small group dental programs are guaranteed renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are statewide.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate for 2017 is 0%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Contingency and Risk Margins

Risk margin is shown in Attachment B.

20. Experience

Please see Attachment C for DDIC small group experience.

21. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

22. Number of Policyholders

There are no policy holders enrolled in District of Columbia Small Group Family plans as of 12/31/2015.

23. Proposed Effective Date

01/01/2017.

24. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are:

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Date: 4/29/2016

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia - Small Group Market - Family Plans
Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	NAB*
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	Yes	No	Yes	No
Per Person	\$85	\$90	\$50	\$50
Family	N/A	N/A	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Waiting Period (Major)	None	None	12 mos	NAB*
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
Rates:				
Statewide	\$30.26	\$23.82	\$46.60	\$21.94

*NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
District of Columbia - Small Group Market - Family Plans
Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Admin Expense	24.00%	24.00%	24.00%	24.00%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Commission	7.50%	7.50%	7.50%	7.50%
Total	35.00%	32.50%	35.00%	35.00%
Anticipated Loss Ratio **	65.00%	67.50%	65.00%	65.00%
Target Loss Ratio ***	65.00%	67.50%	65.00%	65.00%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
April 29, 2016

Form Number: OGC-DC-ENT-17 and OPGE-DC-ENT-17

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

3. Renewability

All small group dental programs are guaranteed renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are statewide.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate for 2017 is 0%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Contingency and Risk Margins

Risk margin is shown in Attachment B.

20. Experience

Please see Attachment C for DDIC small group experience.

21. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

22. Number of Policyholders

There are no policy holders enrolled in District of Columbia Small Group Pediatric plans as of 12/31/2015.

23. Proposed Effective Date

01/01/2017.

24. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are:

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.



Date: 4/29/2016

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia - Small Group Market - Pediatric Plans
Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	Yes	No
Per Person	\$85	\$90
Family	N/A	N/A
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
Rates:		
Statewide	\$30.26	\$23.82

*NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
District of Columbia - Small Group Market - Pediatric Plans
Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic
Admin Expense	24.00%	24.00%
Risk Margin	3.50%	1.00%
Commission	7.50%	7.50%
Total	35.00%	32.50%
Anticipated Loss Ratio **	65.00%	67.50%
Target Loss Ratio ***	65.00%	67.50%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>2013</u>	<u>2014</u>	<u>2015</u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
May 30, 2014

Form Number GC-DC-ENT-15 and XGE-DC-ENT-15

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The family dental plans are defined in Attachment A and cover standardly covered services.

3. Renewability

All small group dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are adjusted by region.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate is 3%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Distribution of Business

Not applicable since this is a new plan as of 1/1/2015.

20. Contingency and Risk Margins

Risk margin is shown in Attachment B.

21. Experience

Please see Attachment C for DDIC small group experience.

22. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

23. Number of Policyholders

Not applicable since this is a new plan as of 1/1/2015.

24. Proposed Effective Date

01/01/2015.

25. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", with a stylized flourish at the end.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia Small Group Family Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	no
Per Person	\$85	\$80	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Orthodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (MN Ortho)	12 mos	12 mos	NAB*	NAB*
Waiting Periods (Major)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	NAB*	NAB*
Rates:				
Region 1	\$28.22	\$22.49	\$46.60	\$21.94

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B

District of Columbia Small Group Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Admin Expenses	22.50%	22.50%	22.50%	22.50%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Premium Tax	0.00%	0.00%	0.00%	0.00%
ACA Tax	1.50%	1.50%	1.50%	1.50%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	7.50%	7.50%	7.50%	7.50%
Total	35.00%	32.50%	35.00%	35.00%
Anticipated Loss Ratio **	65.99%	68.53%	65.99%	65.99%
Target Loss Ratio***	65.00%	67.50%	65.00%	65.00%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>CY2011</u>	<u>CY2012</u>	<u>CY2013</u>
Number of Policy Holders	3,496	3,233	3,114
Number of Certificate Holders	40,197	38,607	38,955
Earned Premium	\$25,848,980	\$24,734,953	\$25,567,789
Average Annual Premium	\$643	\$641	\$656
Incurred Claims	\$17,011,429	\$15,864,140	\$16,475,297
Number of Incurred Claims	137,931	125,498	125,237
Incurred Loss Ratio	65.8%	64.1%	64.4%



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
May 30, 2014

Form Number OGC-DC-ENT-15 and OPGE-DC-ENT-15

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

3. Renewability

All small group dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to small groups through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are adjusted by region.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate is 3%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Distribution of Business

Not applicable since this is a new plan as of 1/1/2015.

20. Contingency and Risk Margins

Risk margin is shown in Attachment B.

21. Experience

Please see Attachment C for DDIC small group experience.

22. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

23. Number of Policyholders

Not applicable since this is a new plan as of 1/1/2015.

24. Proposed Effective Date

01/01/2015.

25. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", with a stylized flourish at the end.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia Small Group Pediatric Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$85	\$80
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (MN Ortho)	12 mos	12 mos
Waiting Periods (Major)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	\$28.22	\$22.49

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
District of Columbia Small Group Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic
Admin Expenses	22.50%	22.50%
Risk Margin	3.50%	1.00%
Premium Tax	0.00%	0.00%
ACA Tax	1.50%	1.50%
TPA Admin	0.00%	0.00%
Commissions	7.50%	7.50%
Total	35.00%	32.50%
Anticipated Loss Ratio **	65.99%	68.53%
Target Loss Ratio ***	65.00%	67.50%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>CY2011</u>	<u>CY2012</u>	<u>CY2013</u>
Number of Policy Holders	3,496	3,233	3,114
Number of Certificate Holders	40,197	38,607	38,955
Earned Premium	\$25,848,980	\$24,734,953	\$25,567,789
Average Annual Premium	\$643	\$641	\$656
Incurred Claims	\$17,011,429	\$15,864,140	\$16,475,297
Number of Incurred Claims	137,931	125,498	125,237
Incurred Loss Ratio	65.8%	64.1%	64.4%



ACTUARIAL CERTIFICATION
Delta Dental Insurance Company
State of District of Columbia
March 27, 2015

Form Number GC-DC-ENT-16 and XGE-DC-ENT-16

There is no impact to rates for the forms listed above. The rates were previously approved as shown below:

2015 Form Number	Plan	Approval Date
GC-DC-ENT-15 and XGE-DC-ENT-15	Family	8/13/2014

Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in red ink, appearing to read "Thomas J. Leibowitz".

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443



ACTUARIAL CERTIFICATION
Delta Dental Insurance Company
State of District of Columbia
March 27, 2015

Form Number OGC-DC-ENT-16 and OXGE-DC-ENT-16

This is a new filing. However, plans and rates outside the exchange are identical to plans and rates inside the exchange. The plans and rates inside the exchange referenced below were approved by your office and will be used in 2016 for the above forms.

2015 Form Number	Plan	Approval Date
GC-DC-ENT-15 and XGE-DC-ENT-15	Family	8/13/2014

Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", written in a cursive style.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
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ACTUARIAL CERTIFICATION
Delta Dental Insurance Company
State of District of Columbia
March 27, 2015

Form Number OGC-DC-ENT-16 and OPGE-DC-ENT-16

There is no impact to rates for the forms listed above. The rates were previously approved as shown below:

2015 Form Number	Plan	Approval Date
OGC-DC-ENT-15 and OPGE-DC-ENT-15	Pediatric	8/13/2014

Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", with a stylized flourish at the end.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
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